

SERIAL NUMBER 09/457,864	FILING DATE 12/10/99	CLASS 435	GROUP ART UNIT 1643	ATTORNEY DOCKET NO. 271122003713
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APPLICANT: LEE A. BULLA, DALLAS, TX.

ADIV OF 08/880,042 06/20/97

****CONTINUING DOMESTIC DATA*******
 VERIFIED THIS APPLN IS/A CIP OF 08/326,117 10/19/94 PAT 5,693,491
CML **WHICH IS**

****371 (NAT'L STAGE) DATA*******
 VERIFIED CML **NONE**

****FOREIGN APPLICATIONS*******
 VERIFIED CML **NONE**

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 02/01/00

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING 19	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
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Verified and Acknowledged CML Examiner's Initials Initials

ADDRESS: KATE H MURASHIGE
 MORRISON & FOERSTER LLP
 2000 PENNSYLVANIA AVENUE NW
 WASHINGTON DC 20006-1888

TITLE: RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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WASHINGTON, D.C. 20231
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Bib Data Sheet

CONFIRMATION NO. 8156

SERIAL NUMBER 09/457,864	FILING DATE 12/10/1999 RULE	CLASS 435	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. 271122003713	
APPLICANTS LEE A. BULLA, DALLAS, TX;					
** CONTINUING DATA ***** THIS APPLICATION IS A DIV OF 08/880,042 06/20/1997 WHICH IS A CIP OF 08/326,117 10/19/1994 PAT 5,693,491					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY TX	SHEETS DRAWING 19	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 3
ADDRESS MORRISON & FOERSTER LLP 3811 VALLEY CENTRE DRIVE SUITE 500 SAN DIEGO, CA 92130-2332					
TITLE RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN					
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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APPLICANTS LEE A. BULLA, DALLAS, TX; ** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 08/326,117 10/19/1994 PAT 5,693,491 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 19	TOTAL CLAIMS 11
		INDEPENDENT CLAIMS 3		
ADDRESS MORRISON & FOERSTER LLP 3811 VALLEY CENTRE DRIVE SUITE 500 SAN DIEGO ,CA 92130-2332				
TITLE RECEPTOR FOR A BACILLUS THURINGIENSIS TOXIN				
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	